On Track Referral Form

Interior Health

Kamloops
Canada's Tournament Capital

On Track is a health education and supervised exercise program for people who would benefit from clinical support in making lifestyle changes.

Goal: To provide evidence-based support to reduce cardiovascular risk and improve mental health and overall well-being.

Sessions: Run weekly for 10–12 weeks with guidance from Interior Health and City of Kamloops staff.
Program runs in the Fall (Sept.), Winter (Jan.), and Spring (April)

Skill-Building: mindful eating, label reading, stress management, goal setting and action planning and cognitive behaviour techniques such as thinking realistically and problem solving.

Contact Information

Participant Name: _____ DOB: _____

Email: _____ Phone: _____

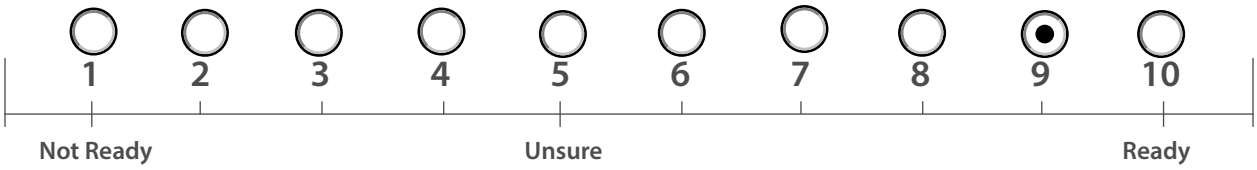
Family MD/NP: _____

Reason for Referral

- ☐ Type I Controlled Diabetes
- ☐ Type II Controlled Diabetes
- ☐ Stable Hypertension
- ☐ Dyslipidemia
- ☐ Mild to Moderate Depression/Anxiety
- ☐ Metabolic Syndrome
- ☐ Inactivity
- ☐ Associated Risk Factors: _____

This program takes place in a group setting. Only individuals **with no established vascular disease are accepted to this program**

How ready is the patient to make a change and attend On Track? Select a number below:



Comments: Please share any relevant information for the On Track team.

_____

_____

Any contraindications/limitations to exercise? ☐ Yes ☐ No

Please describe: _____

Fax completed form along with any additional documentation to On Track at 250-314-2129.

I concur with my patient's participation in the On Track exercise and education program.

Referring Physician or Nurse Practitioner: (Please print) _____

Signature: _____ Date: _____